



## DEPARTMENT OF PUBLIC WORKS

Fred Abadi, PhD, PE, Director

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### APPLICATION FOR INDUSTRIAL WASTEWATER DISCHARGE PERMIT

~Due 90 days prior to discharge~

#### 1. General

Facility Name:			
Mailing Address: City, State, Zip			
Facility Address: City, State, Zip			
<input type="checkbox"/> Same			
US EPA ID:			
SIC/NAICS Code:			
Contact:			
Title:			
Phone:		Cell:	
Fax:			
Email:			
Parent Company:			
Mailing Address of Parent Company:			

#### 2. Operation

Total Number of Employees:			
Operating Hours/Day:			
Number of Employees/Shift:	1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :
Operating Days/Week:			
Scheduled Shut Downs:			

#### 3. Production

Operation	SIC/NAICS	Rate of Production	Qty/Year

#### ☐ ENGINEERING DIVISION

Paul G. Day, PE  
City Engineer  
130 Delafield St  
Waukesha, WI 53188  
262-524-3600  
Fax – 262-524-3898

#### ☐ MUNICIPAL PARKING SERVICES

Patti Cruz  
Parking Supervisor  
212 E. St Paul Ave  
Waukesha, WI 53188  
262-522-7500  
Fax – 262-522-7501

#### ☐ STREETS DIVISION

300 Sentry Dr  
Waukesha, WI 53186  
262-524-3615  
Fax – 262-524-3612

[www.ci.waukesha.wi.us](http://www.ci.waukesha.wi.us)

#### ☒ WASTEWATER TREATMENT PLANT

Peter M. Conine  
Superintendent  
600 Sentry Dr  
Waukesha, WI 53186  
262-524-3625  
Fax – 262-524-3632

#### ☐ WAUKESHA METRO TRANSIT

Robert Johnson  
Transit Director  
2311 Badger Dr  
Waukesha, WI 53188  
262-524-3594  
Fax – 262-524-3646

Principal Raw Materials	% Total

Principal Products	% Total

If there are seasonal changes in your rate of production, please describe:

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#### 4. Environmental & Waste Permits

Permit Name/Type	Permit Number

#### 5. Water Balance Estimate

##### A. Water Supply Estimate:

Source	Gal/Year	Determined By (method)
Municipal		
Well		
<b>TOTAL</b>		

## B. Sanitary Sewer Discharge Estimate:

☐ Check here if there will be no PROCESS wastewater discharged.

	Gal/Day	Determined By (method)
Sanitary waste		
Process waste		
Other*		
<b>TOTAL</b>		

\* Includes cooling water, blowdown, condensate, etc. List under section C below.

## C. Other Water Discharge Estimate (list by season if variable):

Description	To Municipal Storm Sewer, Gal/Day	To Ditch, Pond or Other Receiving Water, Gal/Day

Do you have a permit to discharge these other waters? ☐ Yes ☐ No

**Explain discrepancy (if any) between total water supply and total waste discharged:**

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6. Industrial Process Wastewater Flows/Volumes (*attach spec sheets and MSDS for all process chemicals to be discharged*)

Process:		Federal Category (if known):		Production Rate:	
Flow or Volume Generated				Chemicals/coatings/cleaners:	
Batch		Continuous			
Volume:	Frequency:	Average:	Maximum:		

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Volume:	Frequency:	Average:	Maximum:	

## 7. Discharge Point(s)

Describe proposed discharge points for all process wastewater discharges (e.g., manhole, sump, floor drain):

*Note: Wherever feasible, gravity flow measurement devices such as weirs and flumes are to be installed by the industrial user to allow flow-proportional sampling. Contact Pretreatment Coordinator for specifications prior to construction.*

## 8. Analytical Data

Analytical data will be required within 90 days after process discharge begins.

If available prior to discharge, attach recent analytical report(s) or estimated waste concentrations from each process for the following parameters:

Cadmium (T)  
 Chromium (T)  
 Copper (T)  
 Lead(T)  
 Nickel (T)  
 Silver (T)  
 Zinc (T)  
 Cyanides (T)  
 Oil & Grease (hydrocarbon)  
 pH

(T) - Total

*Other parameters may be required upon permit issuance.*

Additional parameters for food processing, leachate, or other high-strength wastes:

BOD  
 Total Suspended Solids (TSS)  
 Total Phosphorus  
 Total Kjeldahl Nitrogen (TKN)

Comments:

## 9. Pretreatment

Will there be in-line or end-of-pipe treatment of wastes?  
(includes pH adjustment)

☐ Yes

☐ No

If Yes, fill in the following:

Parameter Treated	Treatment Process*	Reagents/Additives	Method of Solids Disposal

\* Plans and specifications for pretreatment systems (not including pH adjustment) must be submitted to DNR in accordance with Chapter NR 108 of the Wisconsin Administrative Code, and approval granted before installation. Specify the treatment technology, projected start date of installation, date of system start-up and projected date for complete compliance.

If No, indicate method(s) considered for meeting standards:

<input type="checkbox"/>	Expect to meet standards without pretreatment	
<input type="checkbox"/>	Modify process	
<input type="checkbox"/>	Substitutions (i.e., chemicals, process changes)	
<input type="checkbox"/>	Elimination	
<input type="checkbox"/>	Operation & maintenance modification	
<input type="checkbox"/>	Other (describe)	

## 10. 90-Day Compliance Report

Within 90 days after process discharge begins, you must submit a Baseline Monitoring Report (BMR)\* containing the following additional information:

### 1. Analytical and flow measurement data

- Sample point
- Sample date and time
- Method of sample collection (composite, grab) and flow measurement
- Name of person sampling
- Name of analytical lab and analyst
- Analytical method
- Results
- Certification statement:  
"The attached sampling and analysis is representative of normal work cycles and expected pollutant discharges to the City of Waukesha Wastewater Treatment Plant."

### 2. Diagrams:

- Facility diagram with locations of major processes and all wastewater sources, sampling points, floor drains, estimated piping layout, street connections, location of pretreatment system, parts washer stations, chemical and hazardous waste storage locations and secondary containment.
- Overall facility production sequence flow chart, including process wastewater sources
- Regulated operations (Federal categorical) – if applicable
- Pretreatment system schematic – if applicable

### 3. Toxic Organic Management Plan (TOMP) – Categorical metal finishers/electroplaters only

### 4. Certification statement indicating whether pretreatment standards are being met on a consistent basis, and if not, whether additional O&M or additional pretreatment is required to meet the standards

### 5. Compliance schedule if standards are not being met

***\*An example BMR, diagrams, and Toxic Organic Management guidance can be found on our website.***

## 11. Certification

I hereby certify that, to the best of my knowledge, the information supplied in this application is accurate and complete.

Name	
Signature	
Date	

***Submit form 90 days prior to discharge to:***

**Pretreatment Coordinator  
City of Waukesha WWTP  
600 Sentry Dr.  
Waukesha, WI 53186**

**262-524-3628  
Fax 262-524-3632  
tyoung@ci.waukesha.wi.us**